

PUBLIC HEALTH AND SAFETY STANDING COMMITTEE



MAYOR'S OFFICE COORDINATORS REPORT

	OVERALL ST	ATUS (F	please circle):	Z ADI	CORDINATOR	RS REPORT	
Р	etition #:	07	-	D.	ROVED DEI	NIED N/A	ANC
E	vent Date : Ju	ne 30,	— Event Nam 2019	e: Detro	oit City Distiller	y Street Party	- 11101
	reet Closure:				_		
Or	ganization Nam	e Detr	oit City Dis	GIL			
Str	eet Address: 2	462 R	Dipelle Stre	ullery			
11/60	CIDI data of H.	-					
Due	e of City Clerk's	Departm	TED Special Evental Reference	ents Appl	ication:		
			ts reports: Report to City		cation:		
Ever	nt Elements (che	ock all th	Report to City	Clerk:			
MN	/alkathon						
	ke Race		ival/Circus		Concert/Performance		
	L	Relig	ious Ceremony		olitical Ceremony	Run/Marathon	
	ming	Parac	le			Festival	
Fire	eworks [Conve	ention/Confess		ports/Recreation	Rally/Demonstrati	On
/ 24-	Hour Liquor Li	Canco	onlerenc	ce 🗸 O	her: Art & Cock	tails	OH
etroit elebra	City Distillery v tion of a new p	<u>!</u> vill close roduct fr	Petition Commu Riopelle Street om 9:00am - 1	inications t betweer 1:00pm.	(include date/time) Winder & Fisher So	ervice Drive for their	
D .	** ALL pe	rmits and	II.	-			
Date	Departmen	t N/A	APPROVED	nents mus	et be fulfilled for an app	Droval atation to	
	DPD			DEMIE		Viidi Commont-	
		-	V		Contracted with r	astern Market Securit Security Services	У
	DFD/ EMS		V		No Permits Requi		
	DPW				ROW Permit Requ	ired	
	Health Dept.				1.540	Cq	
	Dept.		V		Temporari		
					Thorary Healt	h License Required	d

CETY OLERK 2019 JUN 7 PM4109

Date	Departmen	nt N/	A APPROVE	D DEN	IED Additional Comments
	TED				Type III Barricades & Road Closure Signage Required
	Recreation	V			No Jurisdiction
	Bldg & Safety		V		No Permits Required
	Bus. License		V		Liquor License Required
	Mayor's Office		V		All Necessary permits must be obtaine prior to event. If permits are not obtain departments can enforce also.
	Municipal Parking		V		departments can enforce closure of even No Parking Signs Required
DI	ООТ		V		No Impact on Buses

Signature:	Ulthanie	t. ah.
Data 1	5	aublei

Date: June 5, 2019

Caven West Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, June 5, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT
PLANNING AND DEVELOPMENT DEPARTMENT BUSINESS LICENSE CENTER

Detroit City Distillery, request to hold "Detroit City Distillery Street Party" on Riopelle between Winder and Fisher Service Dr. on June 30, 2019 from 9:00 AM to 11:00 PM with a temporary closure of Riopelle from Winder to Fisher Service Dr.

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

	Section 1- GENERAL F	EVENT INFORMATION
Event Location: Riopel	it City Distille Ue St. Between	Winder & Fisher Service Dr
Sec	tion 2- ORGANIZATION	APPLICANT INFORMATION
Organization Name:	and the second second	illery
Organization Mailing Address: C	2462 Robelle.	St. Detroit Mi 48207
Business Phone: 313. 338	3.3760 (313.610.0	(055 Cell) Business Fax:
	14350	
		ID number and attach a copy of the certificate.
Applicant Name: Micha	1 -	
	+ Founder	
Email Address: For Syth	Odetroitcitydisti	Mercu Com
Mailing Address 24 62	Riopello & De	trot, M. 48207
	10-0655	Business Fax::
T	Michael Forsyt	
Mailing Address: 2462	Riopelle St	
Business Phone: 313 - 610		Business Fax:
List name/phone number of pers	on(s) authorized to make decisions	for the organization/event (indicate role/responsibility).
List Event Sponsors:	The second secon	for the organization/event (indicate role/responsibility).
Event Elements (check all that app	ntv)	
[] Walkathon	[] Carnival/Circus	
[] Run/Marathon	Bike Race	[] Concert/Performance
[] Political Event	[] Festival	[] Religious Ceremony
[] Parade	[] Sports/Recreation	[] Filming
[]Convention/Conference	[] Fireworks	Mother: Av+ + Cocktails
		1 -1 -1 -1

Provide a brief description of your event:	
71.	Tilar set up to What we
	. 1
do for Fastern Man	cet After Dark but Smaller
* Scall	
What are the projected set-up, event and tear down	n dates and times (must be completed)?
Begin Set-up Date & Time: 6/30 9am Complete	
Event Start Date & Time: 6/30 9 ann Event End	Date & Time: (JPA 110
Begin Tearing Down Date: 6/30 11pm Complete	
Event Times (If more than one day, give times for each day,	
Cash Cay, give times for each Cay	<i>p</i>
Is this the first time you have held this event in the	City of Detroit? Yes No
If no, what years has the event been held in Detroit?	1 //
When was the event last held in Detroit?	4 years (Fastern Market After Dirk
Where was the event last held in Detroit?	Sept dolo
	same as proposed
What were the hours last year?	
Project Attendance This Year (Minimum - Maximum)?	200-400
What is the basis for your projected attendance? (AST	Glarz attendence
	0
Please describe your anticipated/ target audience:	
Is this going to be an annual event? Yes No	
/	Mat sat lived
If yes, do you have a preferred/proposed for next year?	Not yet, likely in june Though
If a parade is planned. Indicate elements (check all that apply [] People [] Balloons	
[]Floats []Animals	N
[] Vehicles [] Other.	×
[] Bends	
Washington and the second	NIA
If animals included, specify type, number and how used.	17/7
Name of business supplying animal(s):	
Contact Person:	
Address:	Phone:
City/State/Zip:	

Section 3- LOCATION/SITE INFORMATION	
Location of Event: Riopelle St between Winder + Service Coutside au	w
Facilities to be used (circle): Street Sidewalk Park City Facility	Cre
Please attach a site plan which illustrates the anticipated layout of your event including the following:	-
-Public entrance and exit -Location of merchandising booths -Location of fire lane -Location of food booths -Location of gartage receptacles -Location of beverage booths -Location of sund stages -Location of sund stages -Location of hand washing sinks -Location of portable restrooms -Sketch of proposed light pole banners	
Section 4- ENTERTAINMENT	
What type of entertainment will be used? (check all that apply)	
[] Singers [] Magician	
[] Story Telling	
[] Comedians [] Other:	
Describe the entertainment for this year's event: DJ & outdoor bay	_
List proposed entertainers and/or bands performing at the event to be determined	_
Will a sound system be used? Yes No	
If yes, what type of sound system?	
[] Acoustic-audible, sound heard within natural range	
[X] Amplified-augmented, sound increased to broaden	
The amplified sound will be used: Small D) Set up nothing big	
Will the event consist of a musical concert? Yes No	
If yes, what type of music? (check all that apply)	
[] Live [] Recorded [] Karnoke/Lip-synch	
Describe specific power needs for entertainment and/or music: Power from inside	
How many generators will be used?	_
How will the generators be fueled?	_
Name of vendor providing generators:	
Contact Person: NA	

City/State/Zip:	
Section Section	n 5- COMMUNICATION/ADVERTISING STRATEGY
Check all applicable boxes that desc	cribe the type of promotion you plan to use to attract participants:
[] Radio (Specify stations):	
[] Television (Specific stations):	, of mouth
[] Newspapers (specify papers):	Word of mouth Social medic
[] Web site (identify web address)	Social
[] Public Relations or Marketing I	Firm (Specify):
Contact Info: [] Raffle (List Item(s)):	
[] Billboards	
[] Flyers	
[] Street Banners	
[] Other (specify):	
NOTE: All raffles subject to laws	of State/City.
	Section 6- SALES INFORMATION
Will there be advanced ticket sales? If yes, please describe:	
Will there be on-site ticket sales? If yes, list price(s):	☐ Yes ☐ No
Will food be sold? If yes, please pick up Special Event	Yes No s Vendor Packet in Suite 105:
Will merchandise be sold? If yes, describe:	□ Yes 🛕 No
Will a percentage of the proceeds be	e distributed to a charitable organization?
If yes, describe:	
If the event is a fundraiser, identify	charity or recipient of funds:
The state of the s	
Will there be vending or sales? If yes, check all that apply:	Yes 🗖 No
Food	[] Merchandise
[] Non-Alcoholic Beverages	[X Alcoholic Beverages
[I Other (manifel)	
Indicate type of items to be sold:	Cocktails + food sold under existing licenses Bus 21500274 (City) 239432-2014 (S

	side vendors? (please describe):	
Section	7- PUBLIC SAFETY & PARKING	INFORMATION
Name of Private Security Company:	Existing park contract security will be used.	
Contact Person:	TBD we usually us	se Compiliar social
Address: 615 Chish	11 4800	Phone: 313-338-8005
City/State/Zip: Detroit, 1	ui 48226	
Number of Private Security Personne	el Hired Per Shift: 2-3	
Are the private security personnel (ch	neck all that apply):	
Licensed	[] Armed	[]Bonded
Describe the emergency evacuation p	2 means of Eggs	~
Describe the parking plan to accomm	0	
Are you seeking a group parking rate.	ting options? We Will advise p	arking in Mublic Parks
		0 4
Secti	ion 8- COMMUNITY IMPACT INF	FORMATION
Section Sectio	unding community (i.e.	FORMATION
How will your event impact the surrou	unding community (i.e. fety)?	Yes D No
How will your event impact the surroupedestrian traffic, sound carryover, sa	unding community (i.e. fety)? nesses approved your event?	
How will your event impact the surroupedestrian traffic, sound carryover, satellite local neighborhood groups/busin indicate what steps you have or will tall the local neighborhood.	unding community (i.e. fety)? nesses approved your event?	Yes D No
How will your event impact the surroupedestrian traffic, sound carryover, satellite local neighborhood groups/busin indicate what steps you have or will tall the local neighborhood.	unding community (i.e. fety)? nesses approved your event? sake to notify them of your event:	Yes D No
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Canopy (open on all sides)		
	Ø	
Staging/Scaffolding	Ø	_
Bleachers	<i>Ø</i>	
Совърану:		
Grill		
[]Gas []Charcoal	[] Electrical	[]Propane
Fireworks (Pyrotechnics)		
[] Aerial [] Stage	wlln	
Provide Sketch:	MA	
Portable Restrooms:		
[] Standard [] ADA Accessi	ble . / n	
Vehicles	11/14	
	10/	
Type/Weight;		
Other:		
NOTE: Specific requirements must be n	net and special approval must	be received by the Detroit Fire Department.
Will additional electrical wiring need to	be installed? Specify location	ms, voltage, amperage, and phase. 1 1/2
		N/A
		,
Will additional utility services be used (nower water etc. \? Please de	escribe A \ / N
Will additional utility services be used (power, water, etc.)? Please de	escribe. N/A
Will additional utility services be used (power, water, etc.)? Please de	escribe. N/A
Will additional utility services be used (power, water, etc.)? Please de	escribe. N/A
		NA
		NA
		escribe. NA
Will additional utility services be used (Do you plan a fireworks display? List d		NA
		NA
		NA

Contact Person: Address: See Fastern Market App City/State/Zip: Name of company providing emergency medical services? Contact Person: Address: See Fastern Market App City/State/Zip: Name of company providing porta-johns. Contact Person: Address: Contact Person: Address: City/State/Zip: Name of private catering company? Contact Person: Address: City/State/Zip: SPECIAL USE REQUESTS List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Attach a map or sketch of the proposed area for closure. STREET NAME: Riapelle Tro Fisher Service Drive Closure Dates: Beg. Time: End Time:	Section 10- Name of Sanitation Company collecting refuse an	- COMPLETE ALL THAT APPLY
Address: 1550 Harper Phone: 313-462-0163 City/State/Zip Detroit Mi 48211 Name of company providing emergency medical services? Contact Person: Address: See Eastern Market App City/State/Zip: Name of company providing porta-johns. Contact Person: Address: Phone: City/State/Zip: Name of private catering company? Contact Person: Address: Phone: City/State/Zip: SPECIAL USE REQUESTS List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Attach a map or sketch of the proposed area for closure. STREET NAME: Riopelle FROM Winder Closure Dates: Contact Person: Attach a map or sketch of the proposed area for closure. STREET NAME: Riopelle Schev Service Drive Closure Dates:	1.1.	0
Name of company providing emergency medical services? Contact Person: Address: See Fastern Manket App City/State/Zip: Name of company providing porta-johns. Contact Person: Address: Phone: City/State/Zip: Name of private catering company? Contact Person: Address: Phone: City/State/Zip: SPECIAL USE REQUESTS List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Attach a map or sketch of the proposed area for closure. STREET NAME: Riapelle FROM Fisher Service Drive Closure Dates:	100 - 11	0
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Address: See Eastern Manket App City/State/Zip: Name of company providing porta-johns. Contact Person: Address: Phone: City/State/Zip: Name of private entering company? Contact Person: Address: Phone: City/State/Zip: SPECIAL USE REQUESTS List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Attach a map or sketch of the proposed area for closure. STREET NAME: Riopella FROM To Eshex Service Drivie Closure Dates:		services?
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Fisher service Drive Closure Dates: Detroit City distiller	0. 4.	
Closure Dates: Detroit Control Stiller	Villad ox	
Constitution of the consti		Drive
End Time:		Detroit
		- Bas Cityas Cityas
Fine:		Service Drive

Beg. Time: Reopen Date:	и т			
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End Time: Recopen Date: Time: Closure Dates:				
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ADDITIONAL INFORMATION	(year)] Light pole		
	(year)] Light pole)
	(year)] Light pole		
s there any additional information that you feel is important to mention regarding your event or additional requests?	(year)] Light pole		
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	(year)] Light pole] Storage for Trailers	Trunks	
Provided In: Current Request: Street Closures:] Posting no parking signs] Electrical Services Barricades are not available from the				

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further pertify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Signature of

5. Z 4. 19 Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.



Michigan Department of Licensing and Regulatory Affairs Liquor Control Commission (MLCC)

Toll-Free: 866-813-0011 - www.michigan.gov/lcc

	(For MLCC Use Only)
Request ID:	
Business ID:	

Temporary Authorization Application

(Authorized by R 436.1023(2),(3), R 436.1403(2), R 436.1407, and R 436.1419)

This application, all required documents, and a \$70.00 inspection fee must be submitted at least ten (10) days in advance of your event for your request to be considered by the Commission.

Licensee name(s): Detroit City D	istillery			
Address: 2462 Riopelle	ST			
City: Detroit		Zip Code:	48207	
Contact name: Michael Forsyth	Phone: (313) 610-00	655	Email: Forysth@detroito	citydistillery.com
	s Available e (12) daily authorizations for <u>s</u>	each type of tem		
Temporary Outdoor Service Perm	rit - Complete Parts 3, 8, and 9	⊠ Temporary	Extended Hours Permit - Cor	mplete Parts 6 and 9
Temporary Dance Permit - Com	plete Parts 4 and 9	Temporary	Specific Purpose Permit - Co	mplete Parts 7, 8, and 9
Temporary Entertainment Perm	it - Complete Parts 5 and 9			
Temporary Outdoor Service Perm	it requires a recommendation			nas primary jurisdiction
Temporary Outdoor Service Permover the licensed premises. The locate(s) of event: 6/30/2019	it requires a recommendation cal law enforcement agency i	must complete		
Temporary Outdoor Service Permover the licensed premises. The locate(s) of event: 6/30/2019 Date(s) of event:	Describe event: Describe event:	must complete	Part 8 of this application.	
Date(s) of event: Date(s) of event:	Describe event: Describe event: Describe event:	must complete ut down the stre	Part 8 of this application.	
Temporary Outdoor Service Permover the licensed premises. The locate(s) of event: 6/30/2019 Date(s) of event:	Describe event: Describe event: Describe event: Describe event:	must complete ut down the stre	Part 8 of this application. eet for outdoor patio with co	
Date(s) of event: List the exact dimensions of the	Describe event: Describe event: Describe event: Describe event: Describe event: Classification*	must complete ut down the stre	Part 8 of this application. set for outdoor patio with co	cktails
Temporary Outdoor Service Permover the licensed premises. The locate Date(s) of event: 6/30/2019 Date(s) of event: Date(s) of event: Check below if the event(s) lister Dancing Contests List the exact dimensions of the Submit a diagram of the outdoor	Describe event: Describe event: Describe event: Describe event: Describe event: Describe event: Cabove will include any of the Tournaments Cabove proposed area: area with application*	following: 30 feet X	Part 8 of this application. eet for outdoor patio with co Motorcycles	cktails Festivals
Temporary Outdoor Service Permover the licensed premises. The locate Date(s) of event: 6/30/2019 Date(s) of event: Date(s) of event: Check below if the event(s) lister Dancing Contests List the exact dimensions of the Submit a diagram of the outdoor	Describe event: Describe event: Describe event: Describe event: Describe event: Clarification*	following: ssic Cars 30 feet X width e the area: type	Part 8 of this application. eet for outdoor patio with co Motorcycles	cktails Festivals
Temporary Outdoor Service Permover the licensed premises. The locate(s) of event: Date(s) of event: Date(s) of event: Date(s) of event: Check below if the event(s) lister Dancing Contests List the exact dimensions of the Submit a diagram of the outdoor Describe type and height of the below if the exact dimensions of the Submit a diagram of the outdoor	Describe event: Describe event: Describe event: Describe event: Describe event: Classification* Describe area: Describe event:	following: ssic Cars 30 feet X Width e the area: type ensed premises?	Part 8 of this application. eet for outdoor patio with co Motorcycles	Festivals square feet
Date(s) of event: Check below if the event(s) lister Dancing Contests List the exact dimensions of the Submit a diagram of the outdoor Will the proposed outdoor service	Describe event: Describe event: Describe event: Describe event: Describe event: Clare a with application* Describe used to enclose the area be connected to the licensed premises to the properties of the premises to t	following: ssic Cars 30 feet X width e the area: type ensed premises? oposed area?	Part 8 of this application. eet for outdoor patio with co Motorcycles	Festivals square feet

8. Is the location of the proposed area owned, rented, or leased by the licensee?		€ Yes	(No
If No, submit a lease or written permission which grants the licensee the use of the pr	oposed area.		
Submit written permission from a city, township, or village if the proposed area is		icipally-owned pro	perty
). Is the proposed area located in the same local governmental unit as the licensed pre	mises?	(€ Yes	C No
If No, please explain:			
0. Does the licensee currently hold an Additional Bar Permit that will be utilized in the	proposed area?	CYes	@ No
If No, the licensee will be restricted to providing only table service in the proposed area unless by the licensee and approved by the Commission. <u>This requirement applies only to Class Cor B-H</u>		Bar Permit has been	requeste
art 4 - Temporary Dance Permit Information			
 Licensees that currently hold a Dance Permit at the licensed premises do not 	need to request	a Temporary Dan	ce Perm
for dancing in a Temporary Outdoor Service area.			
 The dance floor must be at least 100 square fee, be clearly marked, and shall n the dance floor while customers are dancing. 	ot have tables, (chairs, or other obs	tacles o
List the dates requested for a Temporary Dance Permit:			
Part 5 - Temporary Entertainment Permit Information			
Part 5 - Temporary Entertainment Permit Information Licensees that currently hold a Entertainment Permit at the licensed premises of	o not need to re	equest a Temporary	,
 Licensees that currently hold a Entertainment Permit at the licensed premises of Entertainment Permit for entertainment in a Temporary Outdoor Service area. 			,
 Licensees that currently hold a Entertainment Permit at the licensed premises of 			*
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 Licensees that currently hold a Entertainment Permit at the licensed premises of Entertainment Permit for entertainment in a Temporary Outdoor Service area. A Temporary Entertainment Permit does not allow for topless activity on the Hold. List the dates requested for a Temporary Entertainment Permit: Describe the type of entertainment provided: Will the entertainment provided under the Temporary Entertainment Permit include 	6/30/20	119	
 Licensees that currently hold a Entertainment Permit at the licensed premises of Entertainment Permit for entertainment in a Temporary Outdoor Service area. A Temporary Entertainment Permit does not allow for topless activity on the license of the license of	ensed premises. 6/30/20 DJ e a contest with	Yes	€ No
 Licensees that currently hold a Entertainment Permit at the licensed premises of Entertainment Permit for entertainment in a Temporary Outdoor Service area. A Temporary Entertainment Permit does not allow for topless activity on the license of the li	ensed premises. 6/30/20 DJ e a contest with	Yes	€ No
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 Licensees that currently hold a Entertainment Permit at the licensed premises of Entertainment Permit for entertainment in a Temporary Outdoor Service area. A Temporary Entertainment Permit does not allow for topless activity on the license in the license of the license of	DJ e a contest with	Yes ride anything of value	€ No se from
 Licensees that currently hold a Entertainment Permit at the licensed premises of Entertainment Permit for entertainment in a Temporary Outdoor Service area. A Temporary Entertainment Permit does not allow for topless activity on the license in the license of the type of entertainment provided: Describe the type of entertainment provided: Will the entertainment provided under the Temporary Entertainment Permit includerizes totalling over \$250.00 in retail value? If Yes, the licensee must complete Form LCC-207 and submit with this application. No alcoholic beverages may be used as part of any contest or as a prize for a contest. No licensee without prior Commission approval. Part 6 - Temporary Extended Hours Permit Information Licensees that currently hold an Extended Hours Permit in conjunction with a Dano premises do not need to request a Temporary Extended Hours Permit for use with a 	ensed premises. 6/30/20 DJ e a contest with icensee may prov	Yes ride anything of value	© No
 Licensees that currently hold a Entertainment Permit at the licensed premises of Entertainment Permit for entertainment in a Temporary Outdoor Service area. A Temporary Entertainment Permit does not allow for topless activity on the license of the type of entertainment provided: Describe the type of entertainment provided: Will the entertainment provided under the Temporary Entertainment Permit includerizes totalling over \$250.00 in retail value? If Yes, the licensee must complete Form LCC-207 and submit with this application. No alcoholic beverages may be used as part of any contest or as a prize for a contest. No is another licensee without prior Commission approval. art 6 - Temporary Extended Hours Permit Information Licensees that currently hold an Extended Hours Permit in conjunction with a Dano premises do not need to request a Temporary Extended Hours Permit for use with a Select the permit type that requires a Temporary Extended Hours Permit*: 	ensed premises. 6/30/20 DJ e a contest with icensee may prov e or Entertainmer Temporary Outd	Yes ride anything of value the Permit at the licer loor Service area.	© No
 Licensees that currently hold a Entertainment Permit at the licensed premises of Entertainment Permit for entertainment in a Temporary Outdoor Service area. A Temporary Entertainment Permit does not allow for topless activity on the license in the dates requested for a Temporary Entertainment Permit: Describe the type of entertainment provided: Will the entertainment provided under the Temporary Entertainment Permit includerizes totalling over \$250.00 in retail value? If Yes, the licensee must complete Form LCC-207 and submit with this application. No alcoholic beverages may be used as part of any contest or as a prize for a contest. No licensee without prior Commission approval. Licensees that currently hold an Extended Hours Permit in conjunction with a Dano premises do not need to request a Temporary Extended Hours Permit for use with a 	ensed premises. 6/30/20 DJ e a contest with icensee may prov e or Entertainmer Temporary Outd	Yes ide anything of valuation of the licer loor Service area.	© No

2. List the dates and hours requested for a Temporary Specific Purpose Permit:

1. Indicate the activity that requires extended hours* (e.g. food service):

*Hours of Operation

Weekdays and Saturdays - Beer, wine, and spirits may be sold from 7:00 a.m. to 2:00 a.m. of the next day, provided that the sale of spirits is legal in the governmental unit where the license is desired.

Sundays - Legal hours of sale on Sundays are from 7:00 a.m. until 2:00 a.m. of the next day, provided the sale of alcoholic beverages on Sunday is legal in the governmental unit and the appropriate permit has been approved by the Commission and the permit has been issued.

Part 8 - Local Law Enforcement Recommendation for Temporary Outdoor Service Permit and Temporary Specific Purpose Permit. The local law enforcement agency with primary jurisdiction over the event location must complete this section.

Name of law enforcement agency:		
Address of law enforcement agency:		
Phone number of officer:	Email of officer:	
l certify that I have reviewed this application as Specific Purpose Permit by the Michigan Liquor (nd recommend the approval of the Temporary Outs Control Commission.	door Service Permit or Temporary
Print Name & Title of Reviewing Officer:	Signature of Reviewing Officer	Date

Part 9 - Signature of Licensee

If approved, the license shall not sell, or allow the consumption of alcoholic beverage outdoors, except in the defined area, under administrative rule R 436.1419.

If approved, the licensee shall provide service of alcoholic beverages in the outdoor area only by wait staff servicing the tables, unless the

Refrigeration trucks and/or trailers cannot include an alcoholic beverage logo and must be rented by the licensee from a non-wholesale company. If the refrigeration truck/trailer allows customer access to obtain alcoholic beverages, an Additional Bar Permit must be obtained unless an existing Additional Bar Permit will be utilized.

Pursuant to MCL 436.1525(6), a conditional license must only include any existing permits and approvals held in connection with the seller's existing license. A conditional licensee is not eligible for a temporary permit pursuant to MCL 436.1525(6).

Under administrative rule R 436.1003, the licensee shall comply with all state and local building, plumbing, zoning, sanitation, and health laws, rules, and ordinances as determined by the state and local law enforcements officials who have jurisdiction over the licensee. Approval of this application by the Michigan Liquor Control Commission does not waive any of these requirements. The licensee must obtain all other required state and local licenses, permits, and approvals for this business before using this license for the sale of alcoholic liquor on the licensed premises.

I certify that the information contained in this form is true and accurate to the best of my knowledge and belief. I agree to comply with all requirements of the Michigan Liquor Control Code and Administrative Rules. I also understand that providing false or fraudulent information is a violation of the Liquor Control Code pursuant to MCL 436.2003.

Submit this application, all required documents, and a \$70.00 inspection fee at least ten (10) days in advance of your event for your request to be considered by the Commission. Make check payable to State of Michigan.

Print Name of Licensee & Title	Signature of Licensee	Date

Please return this completed form along with corresponding documents and fees to:

Michigan Liquor Control Commission

Mailing address: P.O. Box 30005, Lansing, MI 48909

Hand deliveries or overnight packages: Constitution Hall - 525 W. Allegan, Lansing, MI 48933

Fax to: 517-284-8557



Michigan Department of Licensing and Regulatory Affairs Finance and Administrative Services Revenue Services

LARA Revenue Services is not a part of the Michigan Liquor Control Commission (see note below).

Credit Card Authorization Form

** FAX COMPLETED FORM TO SECURE FAX LINE: 517-284-8557 ** ** DO NOT EMAIL OR MAIL THIS FORM **

Requests with credit card payments that are not faxed to the above secure fax line will be destroyed along with the credit card authorization in order to ensure the security of applicants' personal credit card numbers.

IF YOU ARE NOT SUBMITTING AN APPLICATION FORM WITH THIS CREDIT CARD AUTHORIZATION, YOU MUST PROVIDE AN ITEMIZATION OF THE FEES FOR WHICH YOU ARE SUBMITTING PAYMENT OR YOUR PAYMENT WILL NOT BE PROCESSED

Name:	Theodora M	Ackinney	Tra	nsaction Amount:	\$70.00	
Address:	2462 Riopelle St	D	Car	d Number: 47	46.3152	6836 9823
City:	Detroit				Check One:	6000 1000
State:	MI			(MasterCard	Visa	O Discover
Zip Code:	48207		Sec	urity Code/CVV Cod	= 876	
Phone:	734-545-3221		Farr	dration Date: (1	lon	
• •	Licensee Name: tity Distillery	Request or Business 233606		110	10.00 I/	
4037 Fee	Payment is t	for:		Theo,	Signature	benly
CREDIT (ITEMIZATIO PAYMENT		YOU MUST PROVIDE HICH YOU ARE SUBME OF BE PROCESSED. Itemization: Fee Amount Fee	E AN LUCC e Code 4036	ommission (MLCC). Re ARA Revenue Services of the MLCC. Applica ervices may take up acceived by the MLCC at or requests that required. LCC to be processed	eceipt of payment a does not constitute tions submitted the to two (2) addition after receipt by LAR re a timely receipt of , such as Special L	of an application by the icenses and temporary
<u> </u>	License Fee(s):		ac	dequate time to be pr	ocessed by the MLC	ion will be received in CC after the payment is
	rary Authorization Fee: Renewal Fee(s):	470.00	1004	ceived and processed	by LANA nevenue se	ivices.
_	acturer License(s):	4	1038			
☐ Wholes	saler License(s):	4	1085			
New Re	tailer License(s):	4	1012			
_	er Retailer License(s):	4	1034			
Conditi	ional License		1012			
New Ac	dd Bar Transfer Add Bar:	401.	2/4034			
Sunday	Sales Permit (AM):	4	1033			
Sunday	Sales Permit (PM):	4	1032			
Caterin	g Permit:	4	1031	41	69	the Park Water

	•	

MAYOR'S OFFICE COORDINATORS REPORT

	1412				INATUKS K	EPORT
OVERA	ALL STATUS (I	please	circle): 🕢 A	PPROVE	DENIED	N/A CANCELED
Petition #	- 908	E	vent Name: Det	roit City	Distillery - Eas	stern Market After Dark
Event Da	_{ite :} Septemb	oer 19	9, 2019			
Street Cl	osure: Riopel	le Str	eet			
Organiza	tion Name: Det	troit C	ity Distiller	/		
Street Ad	dress: 2462 F	Roipe	lle Street D	etroit, M	11	
Date of C Due date Due date	late of the COMP ity Clerk's Departor for City Departor for the Coordina ements (check all	tmental ents rep tors Rep	Reference Comports: port to City Clerk	munication		
Walka	thon	Carnival/	Circus	Conce	rt/Performance	Run/Marathon
Bike R	ace F	Religious	S Ceremony		al Ceremony	Festival
Filmin	9 🔲 F	arade			/Recreation	Rally/Demonstration
Firewo	orks 🗀 C	Conventi	on/Conference	✓ Other:	Arts & Cock	
√ 24-Ho	ur Liquor Licens			<u> </u>		
		Pe	tition Communi	cations (in	clude date/time)	
Detroit Ci celebratio	eri during Easter	close R n Mark	iopelle Street b et After Dark fro	etween Wom 6:00pn	inder & Fisher S 1 - 2:00am.	ervice Drive for their
Date	Department	N/A	APPROVED	DENIED	be fulfilled for an a	pproval status ** tional Comments
	DPD		✓		Contracted with	Eastern Market Security ate Security Services
	DFD/ EMS		✓		No Permits Req	uired
	DPW		✓		ROW Permit Re	equired
	Health Dept.		✓		Temporary He	ealth License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		✓		Type III Barricades & Road Closure Signage Required
	Recreation	✓			No Jurisdiction
	Bldg & Safety		V		No Permits Required
	Bus. License		√		Liquor License Required
	Mayor's Office		✓		All Necessary permits must be obtained prior to event. If permits are not obtained departments can enforce closure of event
	Municipal Parking		✓		No Parking Signs Required
	DDOT		✓		No Impact on Buses

MA	YO	R	S	OF	FI	CE

Signature: Buthanie Lupher
Date: June 5, 2019

City of Detroit

Janice M. Winfrey
City Clerk

OFFICE OF THE CITY CLERK

Caven West Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, June 5, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
BUSINESS LICENSE CENTER PLANNING AND DEVELOPMENT DEPARTMENT
POLICE DEPARTMENT FIRE DEPARTMENT
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

Detroit City Distillery, to hold "Detroit City Distillery - Eastern Market After Dark" on Riopelle between Winder and Fisher Service Dr on September 19, 2019 from 6:00 PM to 2:00 AM ith a temporary closure of Riopelle between Winder and Fisher Service Dr.

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

	Section 1- GENERAL EVEN	NT INFORMATION	
Event Name: Detro	It City Distillery	winds of Figure	
Saint	on 2- ORGANIZATION/APP	LICANTINFORMATION	- 1 - C
Organization Name: Dest	mit City Defiller		
	Mas Dicalla	4	
Organization Mailing Address:	27/0/1/2/3-CID-OC	(cell)	
Business Phone: 313-558	-3760//315-610-66	Business Fax:	
Federal Tax ID# 4(0-111		1 1 - 44 . L	
If registered a	s a non-profit, indicate non-profit 1D i	number and attach a copy of the certificate.	
Applicant Name: Michael	I Forsyth		
Title/Role: Partner	+ Founder		
Email Address: For Surth	a detroit city distille	ry com	
_ (\	Riopelle St Detroit	A1 48207	
Business Phone: 313-(a10		Business Fax:	
	Michael Forsyth		
Mailing Address: 2462			
Business Phone: '313 - G10	- 0655	Business Fax:	
List name/phone number of per-	son(s) authorized to make decisions fo	r the organization/event (indicate role/resp	vonsibility).
List Event Sponsors:			
Event Elements (check all that ap	nalv)		
Walkathon	[] Carnival/Circus	Concert/Performance	
Run/Marathon	[] Bike Race	Religious Ceremony	
[] Political Event	[] Festival	[] Filming	
	Sports/Recreation	[] Rally/Demonstration	
[] Parade []Convention/Conference	[] Fireworks	Mother: Arts + co	Ckin i
I leonachtonecometence	[] I II WANTED	//	CCCT 5

Provide a brief description of your event:	
this is the 4th year	ar doing this event. It is a
Small party outside our b	av. We propose closing down Riopelle
	on sept 19 from approx. 4pm. 3c (9/6
	Patio to serve Food + cocktalls A live D
What are the projected set-up, event and tear down do	
Begin Set-up Date & Time: 9/19 3pm Complete Set-	6140
Event Start Date & Time: 919 6pm Event End Date	te & Time: 9/20 0 2am
Begin Tearing Down Date: 9 30 acm Complete Tear	r Down Date: 9/20 @ 3am
Event Times (If more than one day, give times for each day):	
Is this the first time you have held this event in the Cit	ty of Detroit? Yes No
If no, what years has the event been held in Detroit?	last 4 us
When was the event last held in Detroit?	last ye
Where was the event last held in Detroit?	Same place
What were the hours last year?	Same proposed
Project Attendance This Year (Minimum - Maximum)?	200-500 throughout the night
What is the basis for your projected attendance? AST	iva attendence
	0
Please describe your anticipated/ target audience:	
\d	
J	161 all 31 a Att Taxes
If yes, do you have a preferred/proposed for next year?	Usually 3rd or 4th-Thursday in
If a parade is planned. Indicate elements (check all that apply): [] People [] Balloons	Sept
[]Floats []Animals	
[] Vehicles [] Other.	
[] Bands	and the second s
If animals included, specify type, number and how used.	NIA
Asime of unstreet altimitation animais of	
Name of business supplying animal(s):	
Name of business supprying animal(s). Contact Person: Address:	Phone:

Sécti	ron 3- EUCATIO.	Z SHE EVEORME	HUN		
Location of Event: Riopelle	between	Winderd	SerVCT	Courtsia	le our
Facilities to be used (circle): Street	Sidewalk	Park		City Facility	onstin
Please attach a site plan which illustrates the	unticipated layout of your	event including the follow	ving:		
Public entrance and exit		-Location of First Aid			
-Location of merchandising booths -Location of food booths		-Location of fire lane -Proposed route for wa	Ak/rum		
Location of garbage receptacles		-Location of tents and			
Location of beverage booths		-Sketch of street closur			
Location of sound stages		-Location of bleachers -Location of press area			
Location of hand washing sinks Location of portable restrooms		-Sketch of proposed lig			
	Section 4- EN	FERTAINMENT	STAN STA		
What type of entertainment will be used? (ch					
] Magician				
[Musicians [] Story Telling				
[] Comedians [Other:		_		
List proposed entertainers and/or bands perfe	orming at the event.	BD			
Will a sound system be used? Yes If yes, what type of sound system?	□ No TB	D			
[] Acoustic-audible, sound heard within na	tural range				
[X] Amplified-augmented, sound increased t					
mm co	small D	set up	nothin	s bis	
Will the event consist of a musical concert?	□ Yes 🎵 No	1		00	
If yes, what type of music? (check all that ap	oply)				
[X] Live D [] Recorded	[] Karaoke/l	Lip-synch			
Describe specific power needs for entertainmusic:	nent and/or Pol	wer from	inside		
How many generators will be used?)				
How will the generators be fueled?	* 1 * * *	NIA			
Name of vendor providing generators:	. (] /0				
Contact Person:	VIA				

Address: Phone:
City/State/Zip:
Section 5- COMMUNICATION ADVERTISING STRATEGY
Check all applicable boxes that describe the type of promotion you plan to use to attract participants:
] Radio (Specify stations):
] Television (Specific stations):
Television (Specific stations): Newspapers (specify papers): Web site (identify web address): Social Media
] Web site (identify web address):
] Public Relations or Marketing Firm (Specify):
Contact Info:] Raffle (List Item(s)):
] Billboards
] Flyers
] Street Banners
] Other (specify):
NOTE: All raffles subject to laws of State/City.
Section 6- SALES INFORMATION
Vill there be advanced ticket sales? ☐ Yes ☐ No f yes, please describe:
Vill there be on-size ticket sales?
Will food be sold? Yes No f yes, please pick up Special Events Vendor Packet in Suite 105:
Will merchandise be sold? Yes No fyes, describe:
Will a percentage of the proceeds be distributed to a charitable organization?
f yes, describe:
f the event is a fundraiser, identify charity or recipient of funds:
Vill there be vending or sales? Yes I No fyes, check all that apply:
Food [] Merchandise
] Non-Alcoholic Beverages (X) Alcoholic Beverages
1 Other (marifile)
adicate type of items to be sold: Cocketails of Food sold under existing licenses
Bus 2015 co274 (city) 839432 - 2014 (State)

Will these be exclusive vendors or outside	e vendors? (please describe):		
Section 7	- PUBLIC SAFETY & I	PARKING INFORMAT	TION
Name of Private Security Company: Ex	cisting park contract security will	be used.	
Contact Person:	TBD We USU	ally use com	otred Baurity
Address: 615 GNSW	id + 1925	Phone: 313	338 8015
City/State/Zip: Detroit M	148226		
Number of Private Security Personnel	Hired Per Shift: 2-3		
Are the private security personnel (che	ck all that apply):		
[V]Licensed	[] Armed		[] Bonded
Describe the emergency evacuation pla	n: 2 means	of Egress	
Describe the parking plan to accommo	date unticipated attendance: 506	Eastern Mark	Lest ADD. Public Parkins
How will you advise attendees of parki		advise parking	I last a sky a si
Are you seeking a group parking rate?	A 1 / A) iots + garages
How will your event impact the surrou pedestrian traffic, sound carryover, safe	ading community (i.e.	trict wide Eve	not for Eastern Market After
Have local neighborhood groups/busin		y ies 🗅	no Dark
Indicate what steps you have or will tal	te to notify them of your event:	Cordinating WI	Dan Cardong of
Melissa Thomas	EM is applyin	g for special	Licenss .
Indicate contact names and phone num	bers (for verification) or attach app	proved letter(s):	
Dan Carmady	- Dearmondy	10 Eastern marke	t.com
Melissa Mor	na - m-thoma	sotasternman	rket.com
	Section 9- EVE	NT SET-UP	
Complete the appropriate categories the	at apply to the event.		4 4
Structure	Ø.	6-8 ova	2-9 traffic for Riopelle Closure
How Many?	NIA	barrels of	2-9 tralin
Size/Height	0	Marchico al as	for Kinnello
Booth	X	an ant	Mosure
Tent (enclosed on 3 sides)	- 0	orveel	CIOSOFE

Canopy (open on all sides)	
Staging/Scaffolding	
Bleachers	
Company:	
Grill [] Gas [] Charcoal [] Electri	ical [] Propane
Fireworks (Pyrotechnics) [] Aerial [] Stage	A -
Provide Sketch:	NA
Portable Restrooms: [] Standard [] ADA Accessible	110
Vehicles	NA
Type/Weight:	
Other:	
NOTE: Specific requirements must be met and special ap	proval must be received by the Detroit Fire Department.
Will additional electrical wiring need to be installed? Spe	ecify locations, voltage, amperage, and phase.
Will additional utility services be used (power, water, etc.)? Please describe. N/A
Do you plan a fireworks display? List dates, time, location	on, vendor, and attach certificate of insurance.

Section 10- COMPLETE ALL THAT APPLY	
Name of Sanitation Company collecting refuse and garbage?	
Contact Person: Waste Management	
Address: 1560 Hayper Phone: 3	13-462-0163
City/State/Zip Detroit M: 48211	
Name of company providing emergency medical services?	
Contact Person:	
Address: See Eastern Market Ap	0
City/State/Zip:	
Name of company providing porta-johns.	
11/10	
Contact Person:	
Address: I Phone:	
City/State/Zip:	
Name of private catering company?	
MA	
Contact Person:	
Address: Phone:	
City/State/Zip:	
SPECIAL USE REQUESTS	
DI DUKID OUD AND CONTO	
List any streets or possible streets you are requesting to be closed. Include the day, date, and time of re-	quested closing and reopening.
Neighborhood Signatures must be submitted with application for approval.	
Attach a map or sketch of the proposed area for closure.	
STREET NAME: Riopelle	
Winder	Winder
TO Rishau Service drive 7 & 60	Delivat Oite
9/19-9/30 Kiopelle	Detroit City distilled
Beg. Time: 30m on 9/19	- dollier
End Time: 3 and 9/30 Reopen Date: 3 and 9/30	Service drive
Reopen Date: 3 Am on 9/20	

10000
(year) None. We have our own
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AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to compty with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

5.24.19

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.



Michigan Department of Licensing and Regulatory Affairs Liquor Control Commission (MLCC)

Toll-Free: 866-813-0011 - www.michigan.gov/lcc

Business ID:	
Request ID:	
	(Enchal CC Hea Only)

Temporary Authorization Application

(Authorized by R 436.1023(2),(3), R 436.1403(2), R 436.1407, and R 436.1419)

This application, all required documents, and a \$70.00 inspection fee must be submitted at least ten (10) days in advance of your event for your request to be considered by the Commission.

icensee name(s): Detroit City Distill	lery				
Address: 2462 Riopelle ST					
Eity: Detroit		Zip Code: 4	8207		
Contact name: Michael Forsyth	Phone: (313) 610-065	55	Email: Forys	th@detroitcity	ydistillery.com
\$70.00 Inspection Fee - Make Che Part 2 - Temporary Authorizations Availicensee may request up to twelve (12 conditional licensee is not eligible for a	vailable 2) daily authorizations for <u>ea</u> 1 temporary permit pursuant	ch type of temp	5(6). Select all t	that apply to th	nis application:
Temporary Outdoor Service Permit - C					olete Parts 6 and 9
Temporary Dance Permit - Complet	e Parts 4 and 9	remporary:	specific Purpose	e Permit - Com	plete Parts 7, 8, and
▼ Temporary Entertainment Permit - 0	Complete Parts 5 and 9				
Temporary Outdoor Service Permit rever the licensed premises. The local laborate(s) of event: 9/19/19-9/20/19	equires a recommendation fr aw enforcement agency in Describe event: We shu	ust complete P	art 8 of this ap	plication.	
Temporary Outdoor Service Permit rever the licensed premises. The local la	equires a recommendation fr aw enforcement agency m	ust complete P	art 8 of this ap	plication.	
Duccis, of Cyclic	equires a recommendation fr aw enforcement agency in Describe event: We shu	ust complete P	art 8 of this ap	plication.	
Temporary Outdoor Service Permit rever the licensed premises. The local lands and Date(s) of event: 9/19/19-9/20/19 Date(s) of event:	Describe event: Describe event: Describe event: Describe event: Describe event:	t down the street	art 8 of this ap	plication. patio with cock	ctails
Temporary Outdoor Service Permit rever the licensed premises. The local lands are premised by the licensed premises. The local lands are premised by the local	Describe event: Describe event: Describe event: Describe event: Describe event:	t down the street	art 8 of this ap	plication.	
Temporary Outdoor Service Permit rever the licensed premises. The local lands are premised by the licensed premises. The local lands are premised by the local	Describe event: Describe event: Describe event: Describe event: Describe event: Class posed area: a with application*	following: Sic Cars	art 8 of this appet for outdoor p	plication. patio with cock	ctails
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Date(s) of event: Check below if the event(s) listed ab Dancing Contests List the exact dimensions of the proposition of the outdoor area. Describe type and height of the barries.	Describe event: Describe event: Describe event: Describe event: Describe event: Ove will include any of the formula of th	following: sic Cars Noteta X fidth the area: type II	et for outdoor p lotorcycles [Length	plication. atio with cock	rtails
Date(s) of event: Check below if the event(s) listed ab Dancing Contests List the exact dimensions of the proposition of the outdoor area. Describe type and height of the barries.	Describe event: Describe event: Describe event: Describe event: Describe event: Ove will include any of the formula of th	following: sic Cars Notes X fidth the area: type II ensed premises?	lotorcycles 44 Length I barricades	plication. atio with cock	Festivals square feet
Temporary Outdoor Service Permit rever the licensed premises. The local lands of event: Date(s) of event: Date(s) of event: Date(s) of event: Check below if the event(s) listed ab Dancing Contests List the exact dimensions of the proposition of the outdoor area. Describe type and height of the barries. Will the proposed outdoor service and	Describe event: Describe event: Describe event: Describe event: Describe event: Class posed area: a with application* we that will be used to enclose rea be connected to the lice censed premises to the pro-	following: sic Cars	lotorcycles Length I barricades	concerts	Festivals square feet

Part 3 Continued - Temporary Outdoor Service Permit Information		
8. Is the location of the proposed area owned, rented, or leased by the licensee?	€ Yes	CNo
If No, submit a lease or written permission which grants the licensee the use of the proposed area.		
Submit written permission from a city, township, or village if the proposed area is located on municipal	ly-owned pro	perty
9. Is the proposed area located in the same local governmental unit as the licensed premises?	€ Yes	(No
If No, please explain:		
10. Does the licensee currently hold an Additional Bar Permit that will be utilized in the proposed area?	(Yes	€ No
If No, the licensee will be restricted to providing only table service in the proposed area unless a new Additional Bar Pe by the licensee and approved by the Commission. <u>This requirement applies only to Class Cor B-Hotel licenses.</u>	rmit has been r	requested
Part 4 - Temporary Dance Permit Information		
 Licensees that currently hold a Dance Permit at the licensed premises do not need to request a Ter 	nporary Danc	e Permi
for dancing in a Temporary Outdoor Service area.		
 The dance floor must be at least 100 square fee, be clearly marked, and shall not have tables, chairs, the dance floor while customers are dancing. 	or other obst	tacies or
List the dates requested for a Temporary Dance Permit:		
Part 5 - Temporary Entertainment Permit Information		
 Licensees that currently hold a Entertainment Permit at the licensed premises do not need to request 	a Temporary	
Entertainment Permit for entertainment in a Temporary Outdoor Service area.		
 A Temporary Entertainment Permit does not allow for topless activity on the licensed premises. 		
1. List the dates requested for a Temporary Entertainment Permit: 9/19/19-9/20/19		
2. Describe the type of entertainment provided: DJ		
3. Will the entertainment provided under the Temporary Entertainment Permit include a contest with prizes totalling over \$250.00 in retail value?	CYes	€ No
If Yes, the licensee must complete Form LCC-207 and submit with this application.		
No alcoholic beverages may be used as part of any contest or as a prize for a contest. No licensee may provide an another licensee without prior Commission approval.	ything of value	e from
Part 6 - Temporary Extended Hours Permit Information		
 Licensees that currently hold an Extended Hours Permit in conjunction with a Dance or Entertainment Pern premises do not need to request a Temporary Extended Hours Permit for use with a Temporary Outdoor Se 		sed
1. Select the permit type that requires a Temporary Extended Hours Permit*: Dance Permit En	tertainment	Permit
2. List the dates and hours requested for a Temporary Extended Hours Permit: 9/19/19 until	4am	
Part 7 - Temporary Specific Purpose Permit Informaton		
 Licensees that currently hold a Specific Purpose Permit for an approved purpose at the licensed premi 		
request a Temporary Specific Purpose Permit for the same purpose for use with a Temporary Outdoor		
 A Temporary Specific Purpose Permit requires a recommendation from the local law enforcement age jurisdiction over the licensed premises. The local law enforcement agency must complete Part 8 or 		
Indicate the activity that requires extended hours* (e.g. food service):		
2. List the dates and hours requested for a Temporary Specific Purpose Permit:		

*Hours of Operation

Weekdays and Saturdays - Beer, wine, and spirits may be sold from 7:00 a.m. to 2:00 a.m. of the next day, provided that the sale of spirits is legal in the governmental unit where the license is desired.

Sundays - Legal hours of sale on Sundays are from 7:00 a.m. until 2:00 a.m. of the next day, provided the sale of alcoholic beverages on Sunday is legal in the governmental unit and the appropriate permit has been appropriate.

Part 8 - Local Law Enforcement Recommendation for Temporary Outdoor Service Permit and Temporary Specific Purpose Permit. The local law enforcement agency with primary jurisdiction over the event location must complete this section.

Name of law enforcement agency:		
Address of law enforcement agency:		
Phone number of officer:	Email of officer:	
l certify that I have reviewed this application as Specific Purpose Permit by the Michigan Liquor (nd recommend the approval of the Temporary Oute Control Commission.	loor Service Permit or Temporary
Print Name & Title of Reviewing Officer:	Signature of Reviewing Officer	Date

Part 9 - Signature of Licensee

If approved, the license shall not sell, or allow the consumption of alcoholic beverage outdoors, except in the defined area, under administrative rule R 436.1419.

If approved, the licensee shall provide service of alcoholic beverages in the outdoor area only by wait staff servicing the tables, unless the licensee uses an approved additional bar in the area where customers may obtain their alcoholic beverages from a bartender using a currently authorized additional bar or receiving approval by the Commission for a new Additional Bar Permit. This requirement applies only to Class Cor B-Hotel licenses.

Refrigeration trucks and/or trailers cannot include an alcoholic beverage logo and must be rented by the licensee from a non-wholesale company. If the refrigeration truck/trailer allows customer access to obtain alcoholic beverages, an Additional Bar Permit must be obtained unless an existing Additional Bar Permit will be utilized.

Pursuant to MCL 436.1525(6), a conditional license must only include any existing permits and approvals held in connection with the seller's existing license. A conditional licensee is not eligible for a temporary permit pursuant to MCL 436.1525(6).

Under administrative rule R 436.1003, the licensee shall comply with all state and local building, plumbing, zoning, sanitation, and health laws, rules, and ordinances as determined by the state and local law enforcements officials who have jurisdiction over the licensee. Approval of this application by the Michigan Liquor Control Commission does not waive any of these requirements. The licensee must obtain all other required state and local licenses, permits, and approvals for this business before using this license for the sale of alcoholic liquor on the licensed premises.

I certify that the information contained in this form is true and accurate to the best of my knowledge and belief. I agree to comply with all requirements of the Michigan Liquor Control Code and Administrative Rules. I also understand that providing false or fraudulent information is a violation of the Liquor Control Code pursuant to MCL 436.2003.

Submit this application, all required documents, and a \$70.00 inspection fee at least ten (10) days in advance of your event for your request to be considered by the Commission. Make check payable to State of Michigan.

Print Name of Licensee & Title	Signature of Licensee	Date

Please return this completed form along with corresponding documents and fees to:

Michigan Liquor Control Commission

Malling address: P.O. Box 30005, Lansing, Mt 48909

Hand deliveries or overnight packages: Constitution Hall - 525 W. Allegan, Lansing, MI 48933

Fax to: 517-284-8557



Michigan Department of Licensing and Regulatory Affairs Finance and Administrative Services Revenue Services

LARA Revenue Services <u>Is not</u> a part of the Michigan Liquor Control Commission (see note below).

Credit Card Authorization Form

* * FAX COMPLETED FORM TO SECURE FAX LINE: 517-284-8557 * * * * DO NOT EMAIL OR MAIL THIS FORM * *

Requests with credit card payments that are not faxed to the above secure fax line will be destroyed along with the credit card authorization in order to ensure the security of applicants' personal credit card numbers.

IF YOU ARE NOT SUBMITTING AN APPLICATION FORM WITH THIS CREDIT CARD AUTHORIZATION, YOU MUST PROVIDE AN ITEMIZATION OF THE FEES FOR WHICH YOU ARE SUBMITTING PAYMENT OR YOUR PAYMENT WILL NOT BE PROCESSED

Address: 2462 Pilopelie St City: Detroit Check One:	Name:	Theodora	MCKinner	1	Transaction Amount:	\$70.00	
Check One: State: MI ZIp Code: 48207 Security Code/CW Code: 676 Phone: 734-545-3221 Applicant/Licensee Name: Request or Business ID #: Detroit City Distillery 233606 Payment is for: 4037 Fee Code IF YOU ARE NOT SUBMITTING AN APPLICATION FORM WITH THS SCHEDIT CADE AUTHORIZATION, YOU MUST PROMIDE AN ITEMIZATION OF THE FEES FOR WHICH YOU ARE SUBMITTING PAYMENT OR YOUR PAYMENT WILL NOT SEPROCESSED. Credit Card Payment Remixation: Fee Type Inspection Fee(s): 10 Special License Fee(s): 11 Temporary Authorization Fee: 12 Temporary Authorization Fee: 13 Temporary Authorization Fee: 14 Manufacturer License(s): 15 Mew Retailer License(s): 16 Mew Add Bar Transfer Add Bar: 17 Transfer Retailer License(s): 18 Mew Add Bar Transfer Add Bar: 19 Sunday Sales Permit (AM): 19 Security Code/CW Code: 19 C MasterCard 10 MasterCard	Address:	2462 Riopelle St	()	Card Number: /	1110 2150	01.0319000
Security Code/CW Code:	City:	Detroit			_70		X0000 1000
Phone: 734-545-3221 Applicant/Licensee Name: Request or Business ID #: Detroit City Distillery 233606 Payment is for: 4037 Fee Code FYOU ARE NOT SUBMITTING AN APPLICATION FORM WITH THIS CREDIT CARD AUTHORIZATION, YOU MUST PROVIDE AN ITEMEZATION OF THE FEES FOR WHICH YOU ARE SUBMITTING PAYMENT OR YOUR PAYMENT WILL NOT SE PROCESSED. Credit Card Payment Remization: Fee Tope Inspection Fee(s): Inspection Fee(s): Temporary Authorization Fee: Temporary Authorization Fee: Wholesaler License(s): Manufacturer License(s): Manufacturer License(s): New Retailer License(s): Transfer Retailer License(s): New Retailer License(s): New Retailer License(s): New Retailer License(s): New Add Bar Transfer Add Bar: New Add Bar Transfer Add Bar: Sunday Sales Permit (AM): Despiration Date: Applicant/License Signet and payment in the Michigan Liquor Control Commission (MLCC). Receipt of payment and application from by LARA Revenue Services does not constitute receipt of an application by the MLCC after receipt by LARA Revenue Services may take up to two (2) edditional business days to be received by the MLCC after receipt by LARA Revenue Services may take up to two (2) edditional business days to be received by the MLCC after receipt by LARA Revenue Services may take up to two (2) edditional business days to be received by the MLCC after receipt by LARA Revenue Services may take up to two (2) edditional business days to be received by the MLCC after receipt by LARA Revenue Services may take up to two (2) edditional business days to be received by the MLCC after receipt by LARA Revenue Services may take up to two (2) edditional business days to be received by the MLCC after receipt of an application by the MLCC after receipt by LARA Revenue Services may take up to two (2) edditional business days to be received by the MLCC after receipt of an application by the MLCC after receipt by LARA Revenue Services may take up to two (2) edditional business days to be received by the MLCC after receipt by LARA Revenue Ser	State:	MI				Visa	C Discover
Applicant/Licensee Name: Request or Business ID #: Detroit City Distillery 233606 Payment is for: 4037 Fee Code FYOU ARE NOT SUBMITTING AN APPLICATION FORM WITH THIS CREDIT CARD AUTHORIZATION, YOU MUST PROVIDE AN ITEMIZATION OF THE FEES FOR WHICH YOU ARE SUBMITTING PAYMENT OR YOUR PAYMENT WILL NOT BE PROCESSED. Credit Card Payment Itemization: Fee Type Fee Amount Fee Code Inspection Fee(s): Special License Fee(s): Temporary Authorization Fee: Temporary Authorization Fee: Manufacturer License(s): Manufacturer License(s): Wholessaler License(s): New Retailer License(s): New Add Bar Transfer Add Bar: 4012/4034 Sunday Sales Permit (AM): 4033	Zip Code:	48207			Security Code/CVV Cod	te: 876	
Applicant/Licensee Name: Request or Business ID #: Detroit City Distillery 233606 Payment is for: 4037 Fee Code F YOU ARE NOT SUBMITTING AN APPLICATION FORM WITH THIS CREDIT CARD AUTHORIZATION, YOU BRUST PROVIDE AN ITEMIZATION OF THE FEES FOR WHICH YOU ARE SUBMITTING PAYMENT OR YOUR PAYMENT WILL NOT BE PROCESSED. Credit Card Payment Remization: MICC. Fee Type Fee Amount Fee Code Inspection Fee(s): 4036 Special License Fee(s): 4006 Temporary Authorization Fee: \$70,00 4037 License Renewal Fee(s): 4006 Manufacturer License(s): 4038 Wholesaler License(s): 4038 Wholesaler License(s): 4034 Conditional License Feetailer License(s): 4034 Sunday Sales Permit (AM): 4033	Phone:	734-545-3221			Expiration Date: 11	125	
Payment is for: 4037 Fee Code FYOU ARE NOT SUBMITTING AN APPLICATION FORM WITH THIS CREDIT CARD AUTHORIZATION, YOU MUST PROVIDE AN ITEMIZATION OF THE FEES FOR WHICH YOU ARE SUBMITTING PAYMENT OR YOUR PAYMENT WILL NOT BE PROCESSED. Fee Type	Applicant/l	icensee Name:	Request or Busin	ness ID #:		100	
HF YOU ARE NOT SUBMITTING AN APPLICATION FORM WITH THIS CREDIT CARD AUTHORIZATION, YOU MUST PROVIDE AN ITEMIZATION OF THE FRES FOR WHICH YOU ARE SUBMITTING PAYMENT OR YOUR PAYMENT WILL NOT SE PROCESSED. Fee Type Fee Amount Fee Code Inspection Fee(s): Inspection Fee(s): Special License Fee(s): Temporary Authorization Fee: License Renewal Fee(s): Manufacturer License(s): Manufacturer License(s): Mobissier Lara despitation by the MLCC Application business days to be receiv		Payment is f			Med 11	Signature	rly
Commission (MLCC). Receipt of payment and application forms by LARA Revenue Services does not constitute receipt of an application forms by LARA Revenue Services does not constitute receipt of an application by the MLCC Are a submitted through LARA Revenue Services does not constitute receipt of an application by the MLCC Are a submitted through LARA Revenue Services as submitted through LARA Revenue Services are submitted through LARA Revenue Services may take up to two (2) additional business days to be received by the MLCC after receipt by LARA Revenue Services. Services may take up to two (2) additional business days to be received by the MLCC after receipt by LARA Revenue Services. For requests that require a timely receipt of an application by the MLCC to be processed, such as Special Licenses and temporary requests, please ensure that your application will be received in adequate time to be processed by the MLCC after the payment is received and processed by LARA Revenue Services. License Renewal Fee(s):	400/ Fee	a Code				1	
License Renewal Fee(s): 4004 Manufacturer License(s): 4038 Wholesaler License(s): 4085 New Retailer License(s): 4012 Transfer Retailer License(s): 4034 Conditional License 4012 New Add Bar Transfer Add Bar: 4012/4034 Sunday Sales Permit (AM): 4033	Inspect Special	OR YOUR PAYMENT WILL NO Credit Card Payment I Fee Type ion Fee(s): License Fee(s):	T BE PROCESSED. Itemization: Fee Amount	MLCC Fee Code 4036 4008	by the MLCC. Application Services may take up received by the MLCC. For requests that required MLCC to be processed requests, please ensure adequate time to be processed.	to two (2) additionafter receipt by LAI ire a timely receipt d, such as Special e that your applica- rocessed by the MI	through LARA Revenue nal business days to be RA Revenue Services. of an application by the Licenses and temporary ation will be received in LCC after the payment is
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New Retailer License(s): Transfer Retailer License(s): 4012 Conditional License 4012 New Add Bar Transfer Add Bar: 4012/4034 Sunday Sales Permit (AM): 4033	_			4038			
Transfer Retailer License(s): 4034 Conditional License 4012 New Add Bar Transfer Add Bar: 4012/4034 Sunday Sales Permit (AM): 4033	☐ Wholes	aler License(s):		4085			
Conditional License 4012 New Add Bar Transfer Add Bar: 4012/4034 Sunday Sales Permit (AM): 4033	New Re	tailer License(s):		4012			
New Add Bar Transfer Add Bar: 4012/4034 Sunday Sales Permit (AM): 4033	Transfe	r Retailer License(s):		4034			
Sunday Sales Permit (AM): 4033	Conditi	onal License		4012			
	New Ad	ld Bar Transfer Add Bar:		4012/4034			
Sunday Sales Permit (PM): 4032	Sunday	Sales Permit (AM):		4033			
	Sunday	Sales Permit (PM):		4032			
Catering Permit: 4031 LCC-300 (02-18) LASTA is an equal opportunity employee/program. Audiliary aids, services and other managable accommodations are sumilable upon sequent to individuals with disabilities.							



OFFICE OF CONTRACTING AND PROCUREMENT

June 12, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002151

100% City Funding – To Provide PPE for Firefighters. (Leather Boots, Rubber Boots, Gloves, and Long Hoods). – Contractor: Douglass Safety Systems, LLC – Location: 2655 N. Meridian Rd., Sanford, MI 48657 – Contract Period: Upon City Council Approval through June 3, 2021 – Total Contract Amount: \$274,000.00. FIRE

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY	COUNCIL MEMBER	BENSON	

RESOLVED, that Contract No. 6002151 referred to in the foregoing communication dated June 12, 2019, be hereby and is approved.



June 12, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3034827

100% City Funding – To Provide Emergency Residential Demolition at 19494 Stout. – Contractor: Leadhead Construction – Location: 1660 Midland, Detroit, MI 48238 – Contract Date: Upon City Council Approval through June 24, 2020 – Total Contract Amount: \$19,973.00. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3034827 referred to in the foregoing communication dated June 12, 2019, be hereby and is approved.

June 12, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3034878

100% City Funding – To Provide Emergency Residential Demolition at 19216 Bloom. – Contractor: RDC Construction Services – Location: 26400 W. Eight Mile Rd., Southfield, MI 48033 – Contract Date: Upon City Council Approval through June 24, 2020 – Total Contract Amount: \$17,900.00. HOUSING AND REVITALIZATION

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY COUNCIL MEMBER _____ BENSON

RESOLVED, that Contract No. 3034878 referred to in the foregoing communication dated June 12, 2019, be hereby and is approved.



June 12, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3032636

100% Federal Funding – To Provide a Gemini S2 Rugged Handheld System Integrating Raman & FTIR Spectroscopy for Identification of Unknown Solid and Liquid Chemicals and Explosives per the Port Security Grant. – Contractor: Thermo Scientific Portable Analytical Instruments Inc. – Location: 28 Schenck Parkway, Building 2B, Ste. 400, Asheville, NC 28803 – Contract Period: One Time Purchase – Total Contract Amount: \$106,700.00. **POLICE**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3032636 referred to in the foregoing communication dated June 12, 2019, be hereby and is approved.



June 12, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3034817

100% City Funding – To Provide CRYE Precision Tactical Uniform Gear for DPD Special Response Team. (Combat Pants/Shirts, Knee/Elbow Pads) – Contractor: Audio Visual Equipment & Supplies DBA AVE – Location: 25325 Shiawassee Cir. Ste. 203, Southfield, MI 48033 – Contract Period: One Time Purchase – Total Contract Amount: \$30,316.00. **POLICE**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

\mathbf{BY}	COUNCIL	MEMBER	BENSON	

RESOLVED, that Contract No. 3034817 referred to in the foregoing communication dated June 12, 2019, be hereby and is approved.



June 12, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002137

100% City Funding – To Provide Viaduct Lighting Installation at 3 Locations. – Contractor: LeCom, Inc. – Location: 29377 Hoover, Warren, MI 48093 – Contract Period: Upon City Council Approval through December 31, 2019 – Total Contract Amount: \$128,241.10. **PUBLIC LIGHTING**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

BY COUNCIL MEMBER ____ BENSON

RESOLVED, that Contract No. 6002137 referred to in the foregoing communication dated June 12, 2019, be hereby and is approved.



June 12, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002141

100% State Funding – To Provide Person-Centered Transportation Options for Individuals with Disabilities, Elderly Adults and their Assisted Caregivers, and to Provide a Flexible Transportation Services that Allows for Responsive Same-Day Trip Return Scheduling. – Contractor: St. Patrick Senior Center, Inc. – Location: 58 Parsons Ave., Detroit, MI 48201 – Contract Period: Upon City Council Approval through September 30, 2019 –Total Contract Amount: \$59,669.31. **DEPARTMENT OF TRANSPORTATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer Office of Contracting and Procurement

\mathbf{BY}	COUNCIL	MEMBER_	BENSON	

RESOLVED, that Contract No. 6002141 referred to in the foregoing communication dated June 12, 2019, be hereby and is approved.

COLEMAN A. YOUNG MUNICIPAL CENTER 2 WOODWARD AVE., FOURTH FLOOR DETROIT, MICHIGAN 48226 (313) 224-0484 • TTY:711 WWW.DETROITMLGOV

MI.GOV 25

Date: June 7, 2019

HONORABLE CITY COUNCIL

RE: RECOMMENDATION FOR DEFERRAL

ADDRESS: 9564 Beaverland NAME: Beaverland 9564 LLC Demolition Ordered: April 19, 2011

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on June 5, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. This is the 2nd deferral request for this property.

Therefore, we respectfully recommended that the demolition order be <u>deferred</u> for a period of six months subject to the following conditions:

- A permit for rehabilitation work shall be applied for within ten (10) business days from the date of the City Council decision.
- 2. BSEED will schedule a Progress Inspection within <u>forty-five</u> (45) <u>calendar days</u> from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every <u>forty-five</u> (45) <u>calendar days</u>, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.
- 3. The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:
 - Certificate of Acceptance related to building permits
 - Certificate of Approval as a result of a Housing Inspection
 - Certificate of Compliance, required for all rental properties
- 4. The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).
- 5. The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.
- 6. Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

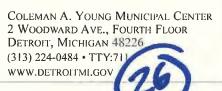
Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

David Bell Director

DB:bkd

cc: Beaverland 9564 LLC, 1985 W. Big Beaver RD,-STE 210, Troy, MI 48084 Beaverland 9564 LLC, 6 Parklane Blvd. STE 545, Deaarborn, MI 48126



Date: June 10, 2019

HONORABLE CITY COUNCIL

RE: RECOMMENDATION FOR DEFERRAL

ADDRESS: 9001 LaSalle Blvd.

NAME: Jason Sproule

Demolition Ordered: October 13, 2014

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on June 07, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. This is the 1st deferral request for this property.

Therefore, we respectfully recommended that the demolition order be <u>deferred</u> for a period of six months subject to the following conditions:

- 1. A permit for rehabilitation work shall be applied for within ten (10) business days from the date of the City Council decision.
- 2. BSEED will schedule a Progress Inspection within <u>forty-five</u> (45) <u>calendar days</u> from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every <u>forty-five</u> (45) <u>calendar days</u>, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.
- 3. The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:
 - Certificate of Acceptance related to building permits
 - Certificate of Approval as a result of a Housing Inspection
 - Certificate of Compliance, required for all rental properties
- 4. The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).
- 5. The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.
- 6. Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

Respectfully submitted,

Director

DB:bkd

cc: Jason Sproule, 28283 Thorny Brae RD, Farmington Hills, MI 48331

COLEMAN A. YOUNG MUNICIPAL CENTER 2 WOODWARD AVE., FOURTH FLOOR DETROIT, MICHIGAN 48226 (313) 224-0484 • TTY:711 WWW.DETROITMI.GOV

Date: June 10, 2019

HONORABLE CITY COUNCIL

RE: RECOMMENDATION FOR DEFERRAL

ADDRESS: 201 W. Parkhurst PL

NAME: Kevin Mackey

Demolition Ordered: June 13, 2011

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on June 6, 2019 revealed that the building is secured and appears to be sound and repairable. The owner has paid all taxes and is current. The proposed use of the property is owner's use and occupancy. This is the 2nd deferral request for this property.

Therefore, we respectfully recommended that the demolition order be <u>deferred</u> for a period of six months subject to the following conditions:

- A permit for rehabilitation work shall be applied for within ten (10) business days from the date of the City Council decision.
- 2. BSEED will schedule a Progress Inspection within <u>forty-five</u> (45) <u>calendar days</u> from the date of the rehabilitation permit to determine whether substantial progress has been made. Thereafter, the owner must submit to BSEED detailed inspection reports, with photos showing evidence of the work completed, every <u>forty-five</u> (45) <u>calendar days</u>, for the duration of the rehabilitation work, to demonstrate that substantial progress has been made during the approved time frame for rehabilitation.
- 3. The building shall have all imminently hazardous conditions immediately corrected, be maintained, and securely barricaded until rehabilitation is complete. Rehabilitation work is to be completed within six (6) months, at which time the owner will obtain one of the following from this department:
 - Certificate of Acceptance related to building permits
 - Certificate of Approval as a result of a Housing Inspection
 - Certificate of Compliance, required for <u>all</u> rental properties
- 4. The owner shall not occupy or allow occupancy of the structure without a certificate (as outlined above).
- 5. The yards shall be maintained clear of overgrown vegetation, weeds, junk and debris at all times.
- 6. Prior to seeking a permit extension, the owner must contact BSEED and request to extend the deferral period.

We recommend that utility disconnect actions cease to allow the progress of the rehabilitation.

At the end of the deferral period, the owner must contact this department to arrange an inspection to evidence that conditions of the deferral have been satisfied and that there has been substantial progress toward rehabilitation. If the building becomes open to trespass or if conditions of the deferral are not followed, the deferral may be rescinded by the City Council at any time and we may proceed with demolition without further notice. In addition, pursuant to the Property Maintenance Code we will issue a Blight Violation Notice.

Any request exceeding three (3) deferrals must be made by petition to City Council through the office of the City Clerk.

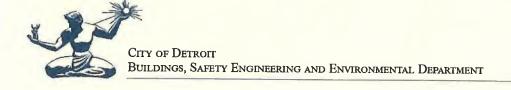
Respectfully submitted

David Bell Director

DB:bkd

cc: Kevin Mackay, 201 W. Parkhurst PL, Detroit, MI 48203 Kevin Mackay, 200 W. Parkhurst PL, Detroit, MI 48203

CITY CLERK 12 JUN 2019 AM3:26



COLEMAN A. YOUNG MUNICIPAL CENTER 2 WOODWARD AVENUE, FOURTH FLOOR DETROIT, MICHIGAN 48226 (313) 224-2733 • TTY:711 WWW.DETROITMI.GOV

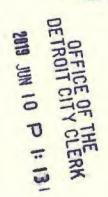
June 3, 2019

HONORABLE CITY COUNCIL

RE: RECOMMENDATION FOR DENIAL

Address: 13529 Gratiot Name: Ivory Properties

Demolition Ordered: October 28, 2002



In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on **February 1, 2019** revealed that the property did not meet the requirements of the application to defer. The property continues to be open to trespass and not maintained.

Therefore, we respectfully recommend that the request for a deferral be <u>denied</u>. We will proceed to have the building demolished as originally ordered with the cost of demolition assessed against the property.

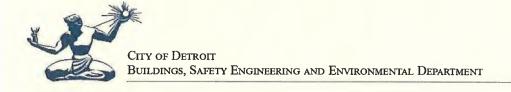
Respectfully submitted,

Director

DB:DP:sc

cc: Ivory Properties, 1600 Clay, Detroit, MI 48211

Ivory Properties, 743 Beaubien, Detroit, MI 48226



COLEMAN A. YOUNG MUNICIPAL CENTER 2 WOODWARD AVENUE, FOURTH FLOOR DETROIT, MICHIGAN 48226 (313) 224-2733 • TTY:711 WWW.DETROITMI.GOV

June 3, 2019

HONORABLE CITY COUNCIL

RE: RECOMMENDATION FOR DENIAL

Address: 13545 Gratiot Name: Dennis Kefallinos

Demolition Ordered: March 23, 2015

DETROIT CITY CLERK

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on October 29, 2018 revealed that the property did not meet the requirements of the application to defer. The property continues to be open to trespass and not maintained.

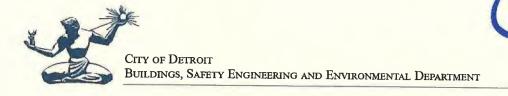
Therefore, we respectfully recommend that the request for a deferral be <u>denied</u>. We will proceed to have the building demolished as originally ordered with the cost of demolition assessed against the property.

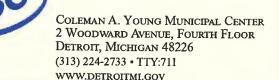
Respectfully submitted,

Director

DB:DP:sc

cc: Dennis Kefallinos, 1600 Clay, Detroit, Michigan 48211





June 4, 2019

HONORABLE CITY COUNCIL

RE: RECOMMENDATION FOR DENIAL

Address: 13540 Griener Name: Stephanie Bare

Demolition Ordered: February 18, 2019

DETROIT CITY CLERK

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on May 2, 2019 revealed that the property did not meet the requirements of the application to defer. The property continues to be open to trespass and not maintained.

Therefore, we respectfully recommend that the request for a deferral be <u>denied</u>. We will proceed to have the building demolished as originally ordered with the cost of demolition assessed against the property.

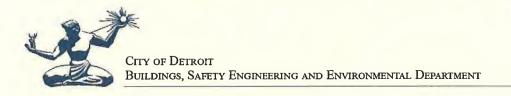
Respectfully submitted,

Director

DB:DP:sc

cc:

Stephanie Bare, 17894 Mack Ave., Grosse Pointe, MI 48203



Coleman A. Young Municipal Center 2 Woodward Avenue, Fourth Floor Detroit, Michigan 48226 (313) 224-2733 • TTY:711 www.detroitmi.gov

June 3, 2019

HONORABLE CITY COUNCIL

RE: RECOMMENDATION FOR DENIAL

Address: 7500-12 Michigan Ave.

Name: Dennis Kefallinos

Demolition Ordered: April 10, 2017

DETROIT CITY CLERK

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on October 22, 2018 revealed that the property did not meet the requirements of the application to defer. The property continues to be open to trespass and not maintained.

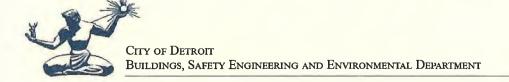
Therefore, we respectfully recommend that the request for a deferral be <u>denied</u>. We will proceed to have the building demolished as originally ordered with the cost of demolition assessed against the property.

Respectfully submitted,

David Bo Director

DB:DP:sc

cc: Dennis Kefallinos, 1600 Clay Detroit, MI 48211



COLEMAN A. YOUNG MUNICIPAL CENTER 2 WOODWARD AVENUE, FOURTH FLOOR DETROIT, MICHIGAN 48226 (313) 224-2733 • TTY:711 WWW.DETROITMI.GOV

June 3, 2019

HONORABLE CITY COUNCIL

RE: RECOMMENDATION FOR DENIAL

Address: 8323 Van Dyke

Name: Dennis Kefallinos, NDK Properties Demolition Ordered: February 6, 2012 OFFICE OF THE ETROIT CITY CLERK

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on May 6, 2019 revealed that the property did not meet the requirements of the application to defer. The property continues to be open to trespass and not maintained.

Therefore, we respectfully recommend that the request for a deferral be <u>denied</u>. We will proceed to have the building demolished as originally ordered with the cost of demolition assessed against the property.

Respectfully submitted,

David Bell Director

DB:DP:sc

cc: Dennis Kefallinos, NDK Properties, 1600 Clay, Detroit, MI 48211



June 3, 2019

HONORABLE CITY COUNCIL

RE: RECOMMENDATION FOR DENIAL

Address: 6467 Varney

Name Dennis Kefallinos, NDK Properties Demolition Ordered: February 6, 2012 ROIT CITY CLERK

In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on **February 1, 2019** revealed that the property did not meet the requirements of the application to defer. The property continues to be open to trespass and not maintained.

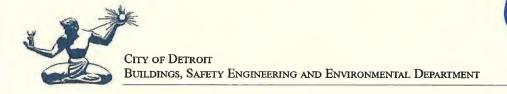
Therefore, we respectfully recommend that the request for a deferral be <u>denied</u>. We will proceed to have the building demolished as originally ordered with the cost of demolition assessed against the property.

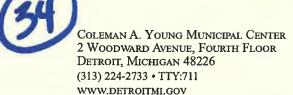
Respectfully submitted

David Be Director

DB:DP:sc

cc: Dennis Kefallinos, NDK Properties, 1600 Clay, Detroit, MI 48211





June 3, 2019

HONORABLE CITY COUNCIL

RE: RECOMMENDATION FOR DENIAL

Address: 2800 Standish Name: Dennis Kefallinos

Demolition Ordered: May 21, 2018

In response to the request for a deferral of the demolition order on the property notes about the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on October 22, 2018 revealed that the property did not meet the requirements of the application to defer. The property continues to be open to trespass and not maintained.

Therefore, we respectfully recommend that the request for a deferral be <u>denied</u>. We will proceed to have the building demolished as originally ordered with the cost of demolition assessed against the property.

Respectfully submitted,

Director

DB:DP:sc

cc: Dennis Kefallinos, 1600 Clay, Detroit, Michigan 48211



June 4, 2019

HONORABLE CITY COUNCIL

RE: RECOMMENDATION FOR DENIAL

Address: 15414 E. Warren

Name: KNR, LLC

Demolition Ordered: July 20, 2015



In response to the request for a deferral of the demolition order on the property noted above, the Buildings, Safety Engineering and Environmental Department (BSEED) submits the following information:

A special inspection conducted on **April 1, 2019** revealed that the property did not meet the requirements of the application to defer. The property continues to be open to trespass and not maintained.

Therefore, we respectfully recommend that the request for a deferral be <u>denied</u>. We will proceed to have the building demolished as originally ordered with the cost of demolition assessed against the property.

Respectfully submitted,

Director

DB:DP:sc

cc: KNR,LLC, 165 E. Broadway Street, 3rd Floor, New York, NY, 10002



COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 1026
DETROIT, MICHIGAN 48226
PHONE: 313 • 628-2158
FAX: 313 • 224 • 0542
WWW.DETROITMI.GOV

May 24, 2019

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

RE: Request to increase an appropriation for the FY 2019 Local Comprehensive Agreement, Hepatitis A Response Program

The City of Detroit Health Department has received an increase in funds from the Michigan Department of Health and Human Services for the FY 2019 Local Comprehensive Agreement, Hepatitis A Response Program grant in the amount of \$120,000.00. This funding will increase appropriation 20551 previously approved in the amount of \$5,000.00 by council on 10/16/2018, to a total of \$125,000.00. There is no match requirement for this program. The grant period is 10/01/2018 through 09/30/2019.

The Hepatitis A Response grant is a reimbursement grant. The objective of the grant is to leverage external partnerships developed in response to the Hepatitis A outbreak. This grant will enable the department to hire a temporary Hepatitis A coordinator/outreach vaccine manager, launch a media campaign and expand outreach to high risk populations through partnerships.

I respectfully ask your approval to accept the increase in appropriation funding in accordance with the attached resolution.

Sincerely.

Ryan Friedrichs

Director, Office of Development and Grants

CC:

Katerli Bounds, Deputy Director, Grants Sajjiah Parker, Assistant Director, Grants

This Request has been approved by the Office of Budget and by the Law Department.



RESOLUTION

Council Member	

WHEREAS, the Health Department is requesting authorization to increase funds for the Michigan Department of Health and Human Services FY 2019 Local Comprehensive Agreement, Hepatitis A Response grant, in the amount of \$120,000.00, in order to leverage external partnerships developed in response to the Hepatitis A outbreak; and

WHEREAS, this funding will increase appropriation 20551 previously approved in the amount of \$5,000.00 by council on 10/16/2018, to a total of \$125,000.00; and

WHEREAS, this request has been approved by the Budget department; and

WHEREAS, this request has been approved by the Law department; now

THEREFORE, BE IT RESOLVED that the Director or Head of the Department is authorized to execute the modified grant agreement on behalf of the City of Detroit; and

BE IT FURTHER RESOLVED, that the Budget Director is authorized to increase the budget accordingly for appropriation number 20551 in the amount of \$120,000.00 for the Michigan Department of Health and Human Services FY 2019 Local Comprehensive Agreement, Hepatitis A Response grant.

Fwd: MDHHS Local Health Department - 2019 Amendments

Timothy Lawther

Thu 4/25/2019 4 00 PM

To: Valentina Ojelaj < Ojelaj V@detroltmi gov>; Joseph Mutebi < mutebij@detroltmi.gov>; Angelique Rodriguez < rodriguez-edgea@detroltmi.gov>

Get Outlook for Android

From: Reece, Carissa (DHHS) <ReeceC@michigan.gov>

Sent: Thursday, April 25, 2019 3:58:39 PM

To: Joneigh Khaldun; Joseph Mutebi; Timothy Lawther

Subject: MDHHS Local Health Department - 2019 Amendments

04/25/2019

Jean Ingersoll,
Detroit Health Department
City Treasurer
1151 Taylor Ste 333-CDetroit, MI 48202 1732

Dear Jean Ingersoll:

The following lists the FY 2019 amendments for your organization for funding administered by the Michigan Department of Health and Human Services (MDHHS) through the Comprehensive Agreement. All projects must be budgeted and expended consistent with the requirements contained in your Comprehensive Agreement

Amendment List

i-a. Allocation Changes - Existing Projects

Project Title	Current Amount	Amended Amount	11011
Childhood Lead Poisoning Prevention	273,750 00	-100,000.00	173,750.00
Hepatitis A Response	5,000.00	120,000.00	
Public Health Emergency Preparedness (PHEP) 10/1/17 - 6/30/18	160,785 00	1,229 00	
Public Health Emergency Preparedness (PHEP) CRI 10/1/17 - 6/30/18	176,916.00	17,205.00	194,121.00
TOTAL:	616,451.00	38,434 00	654,885.00

i-b. New Allocation - New Projects

Project Title	Current Amount	Amended Amount	New Project
Immunization Fixed Fees	0.00	0 00	0.00
Local Health Opioid Response	0.00	40,000.00	40,000.00
Vector-Borne Surveillance Prevention	0 00	8,125.00	8.125.00
TOTAL .	0.00	48,125.00	

ii. Budget Category changes

Project Title	
Children's Special HIth Care Services (CSHCS) Care Coordination	
Children's Special Hith Care Services (CSHCS) Outreach & Advocacy	
CSHCS Medicaid Elevated Blood Lead Case Mgmt	
General Communicable Disease ELPHS	
Hearing ELPHS	
HIV & STD Testing and Prevention	
HIV Data to Care	
Immunization ELPHS	
Sexually Transmitted Disease (STD-ELPHS)	
Vision ELPHS	
WIC Breastfeeding	1

Next Steps

The next steps in the MI E-Grants system for amending your applications and budgets and submitting your Comprehensive Agreement Amendment for MDHHS approval are as follows:

- 1. The project manager will assign the agency users to any new Local Health Department 2019 projects.
- For your convenience you can access the "Comprehensive Agreement Training for Grantee"
 material on the home page by clicking "About EGrAMS" and downloading the PDF. Access
 the system using the URL: http://egrams-mi.com/dch/.
- 3. Login into MI E-Grants system.
- 4. Enter the application using the drop down menu's "Grantee>Grant Application>Enter Grant Application" and click on "Go".
- 5. Select the CO-2019/Local Health Department 2019 program and click the "Go" button.
- Select the hyperlink titled "Local Health Department 2019".
- Select hyperlink to various projects and amend the application sections. See page 59 for detailed instructions.
- 8. When the amended application has been entered, validated, and is error free it is ready for submission by the authorized official

Additional Documents

To view your original and amended agreement use the drop-down menu's "Grantee> Project Director> Application Status" and click the 'Go' button. Select the Grant Program and click on the 'Find' button. Select the agreement from the dropdown menu located at the bottom of the screen. "Draft" is the pending amendment. Click on the 'View Contract' to access the selected agreement.

Technical Assistance

Technical assistance to complete the requested Grant Amendment is available through the Grants Section Help Desk at MDHHS-EGRAMS-HELP@michigan.gov or 517-335-3359. For Programmatic questions, please contact your MDHHS Program Coordinator. You may also refer to your training materials and the yellow book and help icons within MI E-Grants for assistance.

Please complete the requested updates and have your Authorized Official submit the amended Grant Agreement through Mi E-Grants within two weeks.

Please feel free to contact me with any questions or concerns.

Thank you, Carissa

Carissa Reece
Departmental Analyst, Grants Section
Department of Health & Human Services
517.335.0940| Reece C@michigan.gov

CONFIDENTIALITY NOTICE:

The information contained in this message may be privileged and confidential, and is intended only for use of the individual or entity to which it is addressed. If the reader of this message is not the intended recipient, or an employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited, and may be subject to civil and/or criminal penalties. If you received this communication in error, please notify us immediately, delete it from your computer and destroy any copies of the original message. Thank you.

PROGRAM BUDGET SUMMARY

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Attachment B.2 Page 1 of 2

Program	Budg	T	
Hepatitis A Response	FROM:	То:	Date Prepared
	10/1/2018	9/30/2019	5/8/2019
Local Agency	ORIGINAL	AMENDED	AMENDMENT
Southeastern Michigan Health Association	BUDGET	BUDGET	NUMBER
3011 W. Grand Blvd. Suite 200		X	1
Detroit MI 48202	Payee ID Number		
EXPENDITURE C	ATEGORY		TOTAL
Salaries and Wages	-		BUDGET
2. Fringe Benefits		-	0
3. Travel			0
4. Supplies and Materials		-	0
5. Contractual (Subcontracts)			30,500
6. Equipment			30,300
7. Other Expenses:			85,241
Outreach	+ = = + + + + + + + + + + + + + + + + +		00,241
8. Total Direct Expenditures			
(Sum of Lines 1-7)			115,741
9. Indirect Costs: Rate #1 SEMHA 5.00%			5,787
Indirect Costs: Rate #2 City Admn 3.00%			3,472
10. Other Cost Distributions			5,472
11. TOTAL EXPENDITURES		- N/E	
(Sum of Lines 8-10)			
Team or other or to)			125,000
SOURCE OF FUNDS: CPBC (State)			
12. Fees and Collections			
13. State Agreement			125,000
14. Local			
15. Federal			
16. Other(s):			
17. TOTAL FUNDING			
(Sum of Lines 12-16)			125,000
AUTHORITY: P.A. 368 of 1978	The Decertment of Com-	munity Health is an equal opportuni	
COMPLETION: Is Voluntary, but is regulared as a condition of funding.	employer services and		· ·
DCH-0385(E) (Rev 5-02) (W) Previous Edition Obsolete, Also Replaces FIN-110	1 200	humbing the Appel	

- Use WHOLE DOLLARS Only Program BUDGET PERIOD Hepatitis A Response From: To: Date Prepared 10/01/18 09/30/19 5/8/2019 ORIGINAL AMENDED AMENDMENT BUDGET BUDGET NUMBER Local Agency Southeastern Michigan Health Association X 1. SALARIES & WAGES: **POSITIONS** ANNUAL MONTHS ON BUDGET POSITION DESCRIPTION - EMPLOYEE REQUIRED (FTES) SALARY BUDGET SALARY TOTAL FTES 0.00 1. TOTAL SALARIES 2. FRINGE BENEFITS: (Specify) Composite Rate ☑WORKERS □OTHER PHCA HOSPITAL **₽VISION** 41.00% UNEMPLOYMENT PRETIREMENT TERM LIFE HEARING DENTAL 2. TOTAL FRINGE BENEFITS: 3. TRAVEL: (Specify if any item exceeds 10% of Total Expenditures) Amount 3. TOTAL TRAVEL: 4. SUPPLIES & MATERIALS: (Specify If any item exceeds 10% of Total Expanditures) Amount 4. TOTAL SUPPLIES & MATERIALS: 5. CONTRACTUAL: (Subcontracts) Address Amount Handwashing Station Distributor 30,500 5. TOTAL CONTRACTUAL: 30,500 6. EQUIPMENT: (Specify) Amount 6. TOTAL EQUIPMENT: 0 7. OTHER EXPENSES: (Specify if any liam exceeds 10% of Total Expenditures) Others (explain): Amount Instant Canopy tent for outreach events (1@ office depot 14,500 Outreach Supplies MDHHS PSA, social media boosting, billboards, bus tails Media campaign 60.241 Health Promotion Laminated Hand washing instruction posters with DHD Logo 10,500 7. TOTAL OTHER EXPENSES: 85,241 8. TOTAL DIRECT EXPENDITURES; (Sum of Totals 1-7) 115,741 9. INDIRECT COST CALCULATIONS: **Amount** Rate #1 SEMHA BASE \$ 115,741 5.00% 5,787 x rate Rate #2 DHD BASE \$ 15.00% x rale 9. TOTAL INDIRECT EXPENDITURES: 5,787 10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9) 121,528 AUTHORITY: P.A. 368 of 1978 The Department of Community Health is an equal COMPLETION: is Voluntary, but is required as a condition of funding opportunity employer, services and programs provider DCH-0386(E) (Rev 9-04) (EXCEL) Previous Edition Obsolete Use Additional Sheets as Needed

Direct Services	115,741
City 3%	3472
DHD Admin (15%)	0
SEMHA	5,787
Total program expense	125,000
Award	125000
Difference	0



COLEMAN A. YOUNG MUNICIPAL CENT 2 WOODWARD AVENUE, SUITE 1026 DETROIT, MICHIGAN 48226 PHONE: 313 • 628-2158

PHONE: 313 • 628-2158
FAX: 313 • 224 • 0542
WWW.DETROITMI.GOV

May 23, 2019

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

RE: Authorization to submit a grant application to the Federal Emergency Management Agency for the FY 2019 Port Security Grant Program

The Detroit Fire Department is hereby requesting authorization from Detroit City Council to submit a grant application to the Federal Emergency Management Agency for the FY 2019 Port Security Grant Program. The amount being sought is \$300,000.00. There is a required cash match of 25 percent or \$75,000.00. The total project cost is \$375,000.00.

The FY 2019 Port Security Grant Program will enable the department to:

• Enhance the physical security for the Port of Detroit by improving surveillance, patrol capacity, explosives detection, and communications.

If the application is approved, a cash match will be provided from appropriation 00064.

We respectfully request your approval to submit the grant application by adopting the attached resolution.

Sincerely,

Ryan Friedrichs

Director, Office of Development and Grants

CC:

Katerli Bounds, Deputy Director, Grants Sajjiah Parker, Assistant Director, Grants

This Request has been approved by the Office of Budget



RESOLUTION

Council I	Member_					
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WHEREAS, the Detroit Fire Department has requested authorization from City Council to submit a grant application to the Federal Emergency Management Agency, for the FY 2019 Port Security Grant Program, in the amount of \$300,000.00, to enhance the physical security for the Port of Detroit by improving surveillance, patrol capacity, explosives detection, and communications; and

WHEREAS, the Detroit Fire Department has \$75,000.00 available in its FY 2020 Departmental allocation in appropriation 00064, for the City match requirement for the FY 2019 Port Security Grant Program; and

WHEREAS, this request has been approved by the Office of Budget; now

THEREFORE BE IT RESOLVED, the Detroit Fire Department is hereby authorized to submit a grant application to the Federal Emergency Management Agency for the FY 2019 Port Security Grant Program.



COLEMAN A. YOUNG MUNICIPAL CENTER 2 WOODWARD AVENUE, SUITE 1026 DETROIT, MICHIGAN 48226

PHONE: 313 = 628-2158 FAX: 313 • 224 = 0542 WWW.DETROTIMI.GOV

Grant Application Request Form (GARF)

In order to secure the Office of Development and Grants (ODG) approval required under Section 18-4-2 of the Detroit City Charter, this form is to be filled out by City Departments as soon as possible upon learning of an opportunity that the Department would like to pursue. This form must be signed and submitted not later than 20 business days prior to the application deadline.

Please submit this form to the following ODG staff: Sajjiah Parker, Assistant Director, parkersa@detroitmi.gov and Greg Andrews, Program Analyst IV, andrewsgr@detroitmi.gov

City Department	Fire Department
Date	May 21, 02019
Department Contact Name	Derek Hillman
Department Contact Phone	313-596-2605
Department Contact Email	hilmande@detrokmi gov
Grant Opportunity Title	2019 Port Security Grant Program
Grant Opportunity Funding Agency	Detroit Fire Department
Web Link to Opportunity Information	https://www.grants.gov
Award Amount (that Department will apply for)	\$300,000 00
Application Due Date	May 29, 2019
Anticipated Proposed Budget Amount	\$300,000 000
City Match Contribution Amount	25% or \$75,000 00
Source of City Match (include Appropriation Number, Cost Center, and Object Code)	Proposed FY-2020 budget - Appropriation 00064, Cost Center 240220, Object 64410
List of programs/services/activities to be funded and the Budget for each Sample: - ABC Afterschool program: \$150,000 - XYZ Youth leadership program: \$100,000 - Salary/Benefits: \$95,000 - Supplies: \$5,000	DFD - To purchase Drones for Detroit Fire Department.
Brief Statement of Priorities/Purpose for the Application Sample: To support exponsion of promising youth development programs in MNO neighborhood.	The Detroit Fire Department plans to improve port-wide maritime security risk by strengthening our governance integration, enhancing Maritime awareness and response by obtaining Drones for surveillance.
Key Performance Indicators to be Used to Measure the Programs/Services/Activities Sample: # of kids newly enrolled in ABC and XYZ % of kids from ABC who demonstrate improved educational performance	Enable DFD to enhance the physical security for the Port of Detroit by improving surveillance, patrol capacity, explosive detection, and communications.

Derek Hillman

Director's Name (Please Print)

Director's Signature

Date

05/21/2019

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 102
DETROIT, MICHIGAN 48226
PHONE: 313 • 628-2158
FAX: 313 • 224 • 0542
WWW.DETROITMI.GOV

May 29, 2019

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

RE: Authorization to submit a grant application to the U.S. Department of Justice for the FY 2019 Community Oriented Policing Services (COPS): Law Enforcement Mental Health and Wellness Act Program

The Detroit Police Department is hereby requesting authorization from Detroit City Council to submit a grant application to the U.S. Department of Justice for the FY 2019 Community Oriented Policing Services (COPS): Law Enforcement Mental Health and Wellness Act Program. The amount being sought is \$100,000.00. There is no match requirement. The total project cost is \$100,000.00.

The FY 2019 COPS: Law Enforcement Mental Health and Wellness Act Program will enable the department to:

• Increase the capacity of the Detroit Police Department's peer support team and provide new wellness opportunities.

We respectfully request your approval to submit the grant application by adopting the attached resolution.

Sincerely,

Ryan Friedrichs

Director, Office of Development and Grants

CC:

Katerli Bounds, Deputy Director, Grants Sajjiah Parker, Assistant Director, Grants



RESOLUTION

Council	Member_			
	-			

WHEREAS, the Detroit Police Department has requested authorization from City Council to submit a grant application to the U.S. Department of Justice, for the FY 2019 Community Oriented Policing Services (COPS): Law Enforcement Mental Health and Wellness Act Program, in the amount of \$100,000.00, to increase the capacity of the Detroit Police Department's peer support team and provide new wellness opportunities; now

THEREFORE BE IT RESOLVED, the Detroit Police Department is hereby authorized to submit a grant application to the U.S. Department of Justice for the FY 2019 COPS: Law Enforcement Mental Health and Wellness Act Program.



COLEMAN A. YOUNG MUNICIPAL CENTER 2 WOODWARD AVENUE, SUITE 1026 DETROIT, MICHIGAN 48226 PHONEC 313 • 628-2158

FAX: 313 * 224 * 0542 WWW.DETROLIMEGOV

Grant Application Request Form (GARF)

In order to secure the Office of Development and Grants (ODG) approval required under Section 18-4-2 of the Detroit City Charter, this form is to be filled out by City Departments as soon as possible upon learning of an opportunity that the Department would like to pursue. This form must be signed and submitted not later than 20 business days prior to the application deadline.

Please submit this form to the following ODG staff: Sajjiah Parker, Assistant Director, parkersa@detroitmi.gov and Greg Andrews, Program Analyst IV, andrewsgr@detroitmi.gov

City Department	Detroit Police Department
Date	5/21/2019
Department Contact Name	DC Todd Beltison
Department Contact Phone	313-596-2520
Department Contact Email	bettisont239@detroitmi gov
Grant Opportunity Title	COPS Law Enforcement Mental Health & Wellness: Peer Support Implementation
Grant Opportunity Funding Agency	US DOJ Office of Community Policing
Web Link to Opportunity Information	https://cope.usdoj.gov/lemhwa
Award Amount (that Department will apply for)	\$100,000
Application Due Date	5/28/2019
Anticipated Proposed Budget Amount	\$100,000
City Match Contribution Amount	a
Source of City Match (Include Appropriation Number, Cost Center, and Object Code)	N/A
Ust of programs/services/activities to be funded and the Budget for each Sample: - ABC Afterschool program: \$150,000 - XYZ Youth leadership program: \$100,000 - Salary/Benefits: \$95,000 - Supplies: \$5,000	Train the Trainers training for experienced peer support team members Consulting on setting up Sober Shields and other peer led wellness programs
Brief Statement of Priorities/Purpose for the Application Sample: To support expansion of promising youth development programs in MNO neighborhood.	To increase the capacity of DPD's peer support team and provide new wellness opportunities for DPD officers
Key Performance Indicators to be Used to Measure the Programs/Services/Activities Sample: # of kids newly enrolled In ABC and XYZ % of kids from ABC who demonstrate improved educational performance	Number of peer support members trained Number of times/incidents that peer support members provided support Number of officers participating in peer-led wellness programs

Todd Bettison
Director's Name (Please Print)

Director's Signature

Date

City of Detroit





RAQUEL CASTAÑEDA-LÓPEZ COUNCIL MEMBER DISTRICT 6

MEMORANDUM

TO:

Keith Hutchings, Director, Municipal Parking Department

Ron Brundidge, Director, Department of Public Works

THRU:

Council Member Scott Benson, Public Health and Safety Committee

FROM:

Council Member Raquel Castañeda-López

DATE:

June 11, 2019

RE:

Parking at St. Hedwig Park

My office has received complaints from residents who want to use St. Hedwig Park during the spring and summer months for baseball games and other large group activities. Unfortunately, residents have found that a lack of sufficient parking deters many residents from attending events at the Park. Residents note that because the east side of Konkel Street near the park is designated a no parking zone, only about 15-20 spots are readily available for patrons to use for parking.

Please assess the area surrounding St. Hedwig Park to determine whether additional areas can be designated for parking.

Additionally, I request that the sidewalks around the Academy of the Americas School are considered for repairs.

Please contact my office (313) 224-2450 if you have any questions.

Cc:

Honorable Detroit City Council

City Clerk

Stephanie Washington, Mayor's Liaison

CITY CLERK 2019 JUN 11 FM12188